

# Student Training Agreement

## Health Careers Clinical Rotation

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Student Name \_\_\_\_\_

School Name \_\_\_\_\_

This agreement is to be strictly observed at all times during your clinical rotation.

1. I will make it my responsibility to know, understand, and adhere to the guidelines and procedures of each clinical rotation.
2. I will make every effort to be courteous, efficient, and accurate in all contact with patients and workers.
3. I will maintain total confidentiality of all professional information with persons unauthorized to receive such information outside the clinical setting.
4. I will notify my Health Careers instructor immediately if I am unavoidably tardy or absent. The school policy on tardiness and absenteeism will apply.
5. I will follow the following dress code
  - I will wear a lab coat or uniform required by the health care facility and school. This garment is to be clean, neatly pressed, and appropriately buttoned at all times.
  - I will wear my nametag at all times.
  - I will not wear jeans, except where allowed.
  - I will dress in an appropriate manner that will not cause undue attention.
6. I understand that the clinical personnel are my supervisors outside of the classroom.
7. I will behave in a professional manner at all times and will not discuss my private life in the presence of patients.
8. I will report any accident that occurs in the clinical area and file the required incident report as directed by my supervisor.
9. I will observe strict infection control measures and safety rules at all times.
10. I understand that this will be an unpaid clinical experience.

I understand that if I break this agreement, disciplinary measures will be taken and termination of my participation in this program may result.

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Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_